

Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region 1, Chapter 2
Connecticut Advanced Practice Registered Nurse Society (CT APRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Society of Nurse Psychotherapists (CSNP)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
The Northwest Nurse Practitioner Group

March 16, 2009 COMMITTEE ON PUBLIC HEALTH

SUPPORT of Raised Bill 6674, AAC WORKFORCE DEVELOPMENT AND IMPROVED ACCESS TO HEALTH CARE SERVICES.

Senator Harris, Representative Ritter, and Members of the Public Health Committee:

Thank you for this opportunity. My name is Kathy Groff. I am a family nurse practitioner. I am here to talk about the difficulty I had securing a written collaborative agreement in my current job and how important it is to eliminate the mandate that an Advanced Practice Registered Nurse (APRN) have a collaborative agreement.

I have been an APRN for nearly 12 years and a nurse for over 30. In most of my jobs as an APRN, I have worked autonomously in my full scope of practice. My first job was in a family practice; I staffed a satellite office in an adjacent town. My physician-colleagues were available for collaboration by phone and fax. Later, I was hired to open and manage a satellite location of a federally-qualified community health center, where I was the sole clinician for nearly two years (with a collaborating physician in the central office one town away.) Many of my patients had not received health care in years, and were representative of the underserved urban population.

I was hired in my current job because of my experience as an APRN. Unfortunately, it took me eight months to get a collaborative agreement signed, during which time my ability to practice within my full scope was significantly compromised. The medical director gave me a collaborative agreement to sign, which indicated we would "jointly manage" patients. I asked that she substitute the term "collaborate" as required by the Nurse Practice Act and in line with what actually happened in the health center and with my job description. The physician did not return the agreement to me and resigned four months later. I had worked in good faith up to this point, thinking the agreement was forthcoming. I had experienced delays of this sort before.

My institution then asked a temporary physician to sign an agreement that the university's counsel had prepared and that appropriately addressed the nurse practice act. Unfamiliar with the role of the APRN, this doctor refused to sign it. The university consulted with the Public Health Department at my behest and learned that I could not practice at all as an APRN unless I had a collaborative agreement. Without one, I worked as an RN for three weeks. In that capacity, I could assess patients, but I could not diagnose and treat them. Without being able to utilize my APRN license, many students were sent to a local walk-in clinic. Eventually, the MD felt comfortable enough to agree to be my collaborating MD, but only comfortable enough to do so verbally, not in writing. Under those terms, I could treat patients again so long as I did not write a prescription for schedule II or III medications (which is normally within

an APRN's legal scope of practice). For this particular prescriptive authority, I needed the collaborative agreement to be written.

I continued to work with only a verbal agreement for three more months. However, my lack of a written collaborative agreement caused my patients to suffer needlessly and incurred unnecessary health costs at a clinic or at an emergency room for something I could have handled had I been allowed to practice within my full scope as an APRN.

Having a mandate for a collaborative agreement does nothing to improve the quality of healthcare. APRNs are trained, board-certified, and licensed to diagnose and treat patients. Collaboration is already the professional norm among clinicians. Without the mandatory collaborative agreement, APRNs would continue to consult with other health care providers. The goal here is to remove unnecessary barriers, to improve access to care, and to provide continuity of care.

Thank you.